

# Quarterly Totals

## Demographic Reporting Form

Positive Alternatives

Date: 01/01/2015 – 03/31/2015 Grantee Name: Cradle of Hope

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
1	3	7	54	47	46	18	0

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown
1	7	96	71	1

### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
62	106	8

### 4. Client Race:

Race: White	Race: African-American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
38	79	0	6	14	17	22

### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
26	70	80

## **INSTRUCTIONS FOR COMPLETING DEMOGRAPHIC REPORTING FORM**

- 1.** Enter the date covered by the reporting period. The date will correspond to the quarterly report (e.g., report due April 20<sup>th</sup> covers the period January 1 – March 31<sup>st</sup>; report due July 31<sup>st</sup> covers the period April 1 – June 30<sup>th</sup>, etc.).
- 2.** Enter your organization name.
- 3.** Numbers 1 – 5 ask for the demographic information that was previously collected on the Necessary Services Data Intake form. Enter the totals for each of the demographic categories in numbers 1 – 5 that were collected during the stated reporting period.
- 4.** Save the form as a new document. Send it in by email with your Update Report of the same quarter.
- 5.** Reuse the form each quarter.